

Medicine Hat Police Service
Parking Ticket Complaint Form

Must be received within fourteen (14) days of ticket issue date

Received by: _____ Date: _____

Complaint #: _____ Tag # & Date: _____

COMPLAINANT

Name: _____ Phone # _____

Address: _____ Cell# _____

City: _____

Postal Code: _____

****NOTE**** It is the responsibility of the **COMPLAINANT** to contact the Medicine Hat Police Service at 529-8476, if your letter of outcome is not received in the mail within a one (1) week period.

I wish to appeal the above parking ticket for the following reason:

Issuing Officer Comments:

Ticket to be cancelled: _____ **Ticket to proceed:** _____

Supervisor Comments:

Bylaw Supervisor: _____ **Date:** _____

Appeals submitted within seven (7) days of issuance of ticket and returned are still eligible for the appropriate reduction (where applicable) from the time the form was completed by the complainant.

Should this appeal be refused, no further action will be considered by the Medicine Hat Police Service. The accused does retain the right to defend the charge through the legal system.